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November 15, 2005

DECISION AND ORDER
OFFICE OF HEARINGS AND APPEALS

Hearing Officer Decision

Name of Case: Personnel Security Hearing

Date of Filing: April 27, 2005

Case Number: TSO-0240

This Decision concerns the eligibility of xxxxxxxxxxxxxxxxxxxxx (hereinafter referred to as "the individual") to hold an access authorization under the Department of Energy's (DOE) regulations set forth at 10 C.F.R. Part 710, Subpart A, entitled, "General Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material." [1] In this Decision I will consider whether, on the basis of the testimony and other evidence in the record of this proceeding, the individual's access authorization should be granted. As discussed below, after carefully considering the record before me in light of the relevant regulations, I have determined that the individual's access authorization should not be granted at this time.

I. Background

The individual is an applicant for a DOE security clearance. During a background investigation, a local security office (LSO) uncovered derogatory information that raised questions about the individual's suitability to hold a DOE security clearance. In March 2004, the LSO conducted a Personnel Security Interview (2004 PSI) with the individual to discuss a number of issues, including the individual's use of alcohol. Subsequently, the LSO referred the individual to a board-certified psychiatrist (DOE consultant-psychiatrist) for a psychiatric evaluation. The DOE consultant-psychiatrist examined the individual in October 2004 and concluded, among other things, that the individual is a user of alcohol habitually to excess and also suffers from alcohol dependence. The DOE consultant-psychiatrist also determined that the alcohol dependence from which the individual suffers is a mental illness that causes, or may cause, a significant defect in his judgment and reliability. It is the opinion of the DOE consultant-psychiatrist that the individual is neither rehabilitated nor reformed from either his alcohol dependence or his habitual use of alcohol to excess.

In February 2005, the LSO sent the individual a letter (Notification Letter) advising him that it possessed reliable information that created a substantial doubt regarding his

[1] Access authorization is defined as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). Such authorization will be referred to variously in this Decision as access authorization or security clearance.

eligibility to hold a security clearance. The LSO also advised the individual that the derogatory information fell within the purview of two potentially disqualifying criteria set forth in the security regulations at 10 C.F.R. § 710.8, subsections (h) and (j). (hereinafter referred to as Criteria H and J respectively).[2]

The individual filed a written response to the allegations contained in the Notification Letter and exercised his right under the Part 710 regulations by requesting an administrative review hearing. On May 9, 2005, the Director of the Office of Hearings and Appeals (OHA) appointed me the Hearing Officer in this case. After receiving an extension of time from the OHA Director, I convened a hearing. At the hearing, seven witnesses testified. The LSO called one witness and the individual presented his own testimony and that of five witnesses. In addition to the testimonial evidence, the LSO submitted 17 exhibits into the record; the individual tendered two exhibits.

II. Standard of Review

The Hearing Officer's role in this proceeding is to evaluate the evidence presented by the agency and the individual, and to render a decision based on that evidence. *See* 10 C.F.R. § 710.27(a). Part 710 generally provides that "[t]he decision as to access authorization is a comprehensive, common-sense judgment, made after consideration of all relevant information, favorable and unfavorable, as to whether the granting or continuation of access au will not endanger the common defense and security and is clearly consistent with the national interest. Any doubt as to the individual's access authorization eligibility shall be resolved in favor of national security." 10 C.F.R. § 710.7(a). I have considered the following factors in rendering this decision: the nature, extent, and seriousness of the conduct; the circumstances surrounding the conduct; the individual's age and maturity at the time of the conduct; the voluntariness of the individual's participation; the absence or presence of rehabilitation or reformation and other pertinent behavioral changes; the motivation for the conduct, the potential for pressure, coercion, exploitation, or duress; the likelihood of continuation or recurrence; and other relevant and material factors. *See* 10 C.F.R. §§ 710.7(c), 710.27(a). The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

III. The Notification Letter and the Security Concerns at Issue

As previously noted, the LSO cites two potentially disqualifying criteria as the bases for suspending the individual's security clearance, *i.e.* Criteria H and J. To support both Criteria H and J, the LSO first relies on the opinion of a DOE consultant-psychiatrist. According to the DOE consultant-psychiatrist, the individual is a user of alcohol habitually to excess and suffers from alcohol dependence, a mental illness which causes, or may cause, a significant defect in the individual's judgment and reliability. The LSO also points to statements made by the individual during the 2004 PSI that he intends to

[2] Criterion H relates to information that a person has "[a]n illness or mental condition of a nature which, in the opinion of a psychiatrist or licensed clinical psychologist, causes or may cause, a significant defect in judgment or reliability." 10 C.F.R. § 710.8(h). Criterion J relates to information that a person has "[b]een, or is, a user of alcohol habitually to excess, or has been diagnosed by a psychiatrist or a licensed clinical psychologist as alcohol dependent or as suffering from alcohol abuse." 10 C.F.R. § 710.8 (j).

continue consuming alcohol. From a security perspective, a mental illness such as alcohol dependence can cause a significant defect in a person's psychological, social and occupational functioning which, in turn, can raise concerns about possible defects in a person's judgment, reliability, or stability. *See* Appendix B to Subpart A of 10 C.F.R. Part 710, Guideline I, ¶ 27. The excessive alcohol consumption itself is also a security concern because the behavior can lead to the exercise of questionable judgment, unreliability, and a failure to control impulses, and can increase the risk that classified information may be unwittingly divulged. *See* Appendix B to Subpart A of 10 C.F.R. Part 710, Guideline G, ¶ 21.

IV. Findings of Fact

The individual held a security clearance with the Department of Defense (DOD) from 1960 until he retired sometime in the 1990s. Transcript of Hearing (Tr.) at 107. According to the record, the DOD raised questions about the individual's alcohol consumption in 1994. Ex. 9 at 7-8. To allay the DOD's concerns at that time, the individual responded to the DOD in writing as follows: "I plan to control my use of alcohol through abstinence and continued psychiatric treatment."[3] *Id.*

Until the individual stopped consuming alcohol in April 2005 (Tr. at 10, 124), he had regularly consumed alcohol three hours each night on Mondays, Tuesdays, Wednesdays, Thursdays and Sundays, and five to six hours on Friday and Saturday nights. Ex. 9 at 14. By the individual's own account, he usually consumed three eight-ounce[4] glasses of wine on weekdays and four eight-ounce glasses of wine on Saturday. *Id.* He has also admitted to consuming as much as 1.5 liters of wine in an evening every other month. *Id.*

According to the record, the individual stopped drinking alcohol on two occasions prior to April 2005. The individual claims that he remained abstinent for two or three years in the early 1980s upon the recommendation of a marriage counselor. Tr. at 124; Ex. 9 at 12. The individual also claims that he stopped drinking in the 1990s in order to lose weight and address a heart problem. Ex. 9 at 12. The individual related that he resumed drinking in 1996 or 1997 when someone offered him a beer at a party. *Id.* According to the individual, he gradually increased his alcohol consumption from that point on. *Id.*

V. Analysis

I have thoroughly considered the record of this proceeding, including the submissions tendered in this case and the testimony of the witnesses presented at the hearing. After due deliberation, I have determined that the individual's access authorization should not be granted at this time. I cannot find that such a grant would not endanger the common defense and security and would be clearly consistent with the national interest. 10 C.F.R. § 710.27(a). The specific findings I make in support of this decision are discussed below.

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[3] The individual has struggled with depression much of his life and has received regular psychiatric treatment for this mental illness according to the record. Tr. at 10-11; Ex. 10, 11. The individual's depression is not a matter of concern to the LSO at this time.

[4] When the DOE consultant-psychiatrist examined the individual on October 8, 2004, the individual stated that he consumed wine from a ten-ounce container. Ex. 9 at 7, fn 18. At the hearing, the individual's attorney stated that he and his client measured the liquid content of the subject wine glasses and discovered that the wine glasses held eight ounces of liquid, not ten ounces. Tr. at 12-13.

1. The Expert Testimony regarding Criteria H and J

a. The DOE Consultant-Psychiatrist's Testimony

The DOE consultant-psychiatrist explained in detail either at the hearing or in the Psychiatric Report how the individual fits within six of the seven criteria specified in the DSM-IV-TR for Substance Dependence, Alcohol. Ex. 9 at 7-17; Tr. at 150-155. [5] Specifically, with regard to Criterion (1) the individual told the DOE consultant-psychiatrist that when he was in college he would get drunk on as little as three or four shots of liquor but now it takes up to 1.5 liters of alcohol. Ex. 9 at 13. Regarding Criterion (3), the DOE consultant-psychiatrist cites statements by the individual that it was difficult for him to have one or two glasses of wine and then stop. *Id.* at 7, 13. As for Criterion (4), the DOE consultant-psychiatrist points out that the individual told the DOE in 1994 that he intended to control his drinking through abstinence and then did not. Tr. at 150. With respect to Criterion (5), the DOE consultant-psychiatrist testified that, in his opinion, the individual's consumption of alcohol over a period of 25 to 27 hours a week constitutes a great deal of time "using the substance." *Id.* at 151. Regarding Criterion (6), the DOE consultant-psychiatrist testified that the individual's social relationship with his two children suffered as the result of his alcohol consumption. *Id.* at 153. Finally, the DOE consultant-psychiatrist opined that the individual met Criterion (7) because the individual continued to use alcohol while taking antidepressants. *Id.* at 154, Ex. 9 at fn. 25, 38. As for an explanation of why he and the individual's psychiatrist reached different diagnoses in this case, the DOE consultant-psychiatrist opined that the individual's psychiatrist is not equally trained in addiction medicine or addiction

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[5] The DSM-IV-TR only requires that a person meet three of the seven criteria for Substance Dependence, Alcohol to be diagnosed with that condition. Ex. 9 at 17. The criteria for Substance Dependence, Alcohol are as follows:

(1) tolerance, as defined by either of the following:
  (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect;
  (b) markedly diminished effect with continued use of the same amount of the substance
(2) withdrawal, as manifested by either of the following:
  (a) the characteristic withdrawal syndrome for the substance
  (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
(3) the substance is often taken in larger amounts or over a longer period than was intended
(4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
(5) a great deal of time is spent in activities necessary to obtain the substance (*e.g.* visiting multiple doctors or driving long distances), use the substance (chain smoking), or recover from its effects.
(6) Important social, occupational, or recreational activities are given up or reduced because of substance use
(7) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption.)

psychiatry. Tr. at 162. He concluded his testimony by stating that 95 out of 100 psychiatrists would agree that the individual is alcohol dependent. *Id.*

The DOE consultant-psychiatrist also made a compelling argument that the individual used alcohol habitually to excess until his most recent efforts to maintain sobriety. The DOE consultant-psychiatrist testified that the evidence that the individual has been and is a user of alcohol habitually to excess is as strong as he has ever seen in doing over 1,000 forensic psychiatric evaluations. Tr. at 19. According to the record, between 1992 and 1994 the individual consumed as much as one and one-half bottles of wine in a single sitting on a monthly basis. Ex. 9 at 8. The DOE consultant-psychiatrist observed that as recently as October 2004 the individual admitted to drinking as much as one and one-half liters of wine on a bimonthly basis. *Id.* at 12, 14. The DOE consultant-psychiatrist noted that in 2004, the individual reported being intoxicated on five or six occasions. *Id.* at 12. In addition, the DOE consultant-psychiatrist noted that the individual's typical drinking pattern during this period was as follows: 24 ounces of wine on Sunday through Thursday, and 32 ounces of wine on Friday and Saturday. *Id.* at 14.

b. The Individual's Psychiatrist's Testimony

The individual sought the opinion of a psychiatrist on April 7, 2005 with regard to the alcohol issues of concern to the LSO. Tr. at 10. As of the date of the hearing, the individual and his psychiatrist had met four times. *Id.* at 20.

The individual's psychiatrist testified that she disagreed with the DOE consultant-psychiatrist's diagnosis of alcohol dependence. *Id.* at 14. Based on her evaluation of the individual, the individual's psychiatrist determined that the individual suffers from alcohol abuse. *Id.* at 25. She testified that she made this diagnosis even though the individual does not meet the criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revised (DSM-IV-TR) for substance abuse. *Id*. She also testified that the individual "is on the borderline of alcohol dependence." *Id.* at 16. She admitted at the hearing that she did not take a detailed medical history from the individual so she could not address the significance, if any, of the individual's past failed attempts at sobriety on her diagnosis or prognosis.

c. Hearing Officer Evaluation of Differing Psychiatric Opinions

In comparing the two psychiatrists' testimony at the hearing, the weight of the evidence supports the opinion of the DOE consultant-psychiatrist in this case. First, the DOE consultant-psychiatrist provided much more compelling testimonial evidence to support his diagnosis of alcohol dependence than the individual's psychiatrist provided to support her diagnosis of alcohol abuse. Second, the individual's psychiatrist failed to provide credible explanations for why the individual did not fit within at least three of the criteria set forth in the DSM-IV-TR for alcohol dependence. Third, it is troubling that the individual's psychiatrist could not comment on the relevance of the individual's past failed attempts to maintain sobriety to her diagnosis of, and prognosis for, the individual. Fourth, the fact that the individual's psychiatrist did not take a detailed medical history from the individual with regard to his past alcohol use raises doubts in my view about the thoroughness of her evaluation of the alcohol issues in this case. For all these reasons, I

determine that the evidence in this case supports a finding that the individual suffers from alcohol dependence.

Next, I turn to whether the individual has brought forward convincing evidence that he is adequately rehabilitated or reformed from his alcohol dependence and his habitual use of alcohol to excess.

2. Mitigation

a. The DOE Consultant-Psychiatrist's Testimony

According to the DOE consultant-psychiatrist, the operative question in this case is not whether the individual can stop drinking but whether the individual can "stay stopped." Tr. at 156. With regard to rehabilitation or reformation, the DOE consultant-psychiatrist reaffirmed at the hearing the recommendations that he made in his Psychiatric Report in this case. Specifically, the DOE consultant-psychiatrist stated that to show adequate evidence of rehabilitation, the individual can do one of the following:

(1) Produce documented evidence of attendance at Alcoholics Anonymous (AA) with a sponsor and working on the 12 steps at least once a week for a minimum of 200 hours over at least a two-year's time frame and be abstinent from alcohol and all non-prescribed controlled substances for a minimum of two years.
(2) Satisfactorily complete a professionally run alcohol treatment program, either inpatient or outpatient, including aftercare, for a minimum of six months and be abstinent from alcohol and all non-prescribed controlled substances for a minimum of two years.

As adequate evidence of reformation, the DOE consultant-psychiatrist posited two options:

(1) If the individual goes through one of the two rehabilitation programs above, then a minimum of two years of abstinence from alcohol and all non-prescribed controlled substances.
(2) If the individual does not go through one of the two rehabilitation programs above, then a minimum of five years of abstinence from alcohol and all non-prescribed controlled substances.

Ex. 9 at 18; Tr. at 159-161.

The DOE consultant-psychiatrist remained in the hearing room and listened to the testimony of all the witnesses. He testified that he heard nothing in any witness's testimony that changed either his diagnosis of the individual or his recommendations for rehabilitation or reformation. In fact, the DOE consultant-psychiatrist stated that the testimony of the individual's son (*see* Section 2.d. *infra*) provided additional evidence to support the diagnosis of alcohol dependence in this case. In concluding, the DOE consultant-psychiatrist opined that the individual's efforts at sobriety as of the date of the hearing, *i.e.*, 12 AA meetings and four to five months of sobriety, fall short of his recommendations for both rehabilitation and reformation.

b. The Individual's Psychiatrist's Testimony

With regard to treatment, the individual's psychiatrist advised the individual to stop drinking and to continue individual therapy sessions for depression with her. *Id.* at 13, 24. The individual's psychiatrist did not recommend that the individual enter any outpatient alcohol treatment program or attend Alcoholics Anonymous (AA). *Id.* at 24. As for the individual's progress as of the date of the hearing, the individual's psychiatrist opined that the individual will achieve full sustained remission from his alcohol abuse [6] after one year of sobriety. *Id.* at 40. She added that she is satisfied with the individual's progress in maintaining sobriety for four months. *Id.* at 25. She believes that the individual will maintain his sobriety if he continues seeing her for treatment of his depression. *Id.* When queried about the individual's past failed attempts to maintain his abstinence, the individual's psychiatrist testified that she did not take a detailed medical history from the individual when they met in April 2005 so she could not elaborate on this issue. *Id*. at 30.

c. The Individual's Wife's Testimony

The individual and his wife have been married for 39 years. Tr. at 48. The wife testified that before her husband stopped drinking in April 2005, he would routinely come home from work, drink wine, have dinner, drink more wine, and then go to bed. *Id.* at 50. On a "bad" night, the wife reported that her husband would drink until he fell sleep sitting in his chair. *Id.* The wife testified that since her husband has stopped drinking she has observed the following positive changes in him: (1) he is in a better mood, (2) he sleeps better, (3) he has more energy, and (4) his depression "is as good as it's ever been." *Id.* at 53. The wife claimed at the hearing that her husband had no problem stopping his consumption of alcohol. *Id*. at 55.

Under cross examination, the wife revealed that there is still alcohol in the house and that she continues to consume alcohol in her husband's presence. *Id.* at 59, 61. She opined that she is not sure that her husband needs AA to maintain his sobriety. *Id.* at 62. She related that 20 years ago, her husband quit drinking upon the recommendation of their marriage therapist. *Id.* at 63-64. When queried why she believes that her husband will maintain his sobriety when he has not been able to do so in the past, the wife responded as follows: "I have no way to prove that he will do it. Even when he was drinking, he committed no security offense. He will be perfectly fine either way." *Id.* at 65. The wife concluded her testimony by stating that she does not agree that her husband suffers from alcohol dependence. *Id*. She "sees it more as abuse or not even that." *Id.*

d. The Son's Testimony

The individual's adult son testified that he visits his father five to six times per week. *Id.* at 70. He related that when his father was consuming alcohol, it was like "he wasn't there." *Id.* at 71. He explained that when his father was drinking, his father would not engage in any serious conversation when he visited him. *Id.* Instead, his father would sit in his chair with his headphones on, watch TV, and refuse to interact with anyone. *Id.*

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[6] The individual's psychiatrist's only opined about rehabilitation and reformation recommendations for the less serious diagnosis of alcohol abuse, not the more serious diagnosis of alcohol dependence.

The son related that in the past his father would start drinking about one-half hour after he got home from work. *Id.* at 73. Since his father has stopped drinking, the son has noticed that his father cooks and then sits at the dinner table with the family while everyone eats. *Id.* at 72. The son also related that he can talk to his father now and his father appears to be happier. *Id.* The son confirmed that it has been four or five months since his father stopped drinking. *Id.* at 79. The son believes that his father will remain abstinent now that his father has seen the results of sobriety. *Id.* at 75.

e. The Individual's Neighbor's Testimony

The individual's neighbor testified that he has known the individual since July 2001. *Id.* at 82. The two socialize and walk their dogs together. *Id.* at 82-83. The neighbor never suspected that the individual had a problem with alcohol. *Id.* at 84. The individual told the neighbor in February or March 2005 that he did not drink anymore. *Id*. at 91. The neighbor supports the individual's decision not to drink. *Id*. at 89.

f. The Former Supervisor's Testimony

The individual's former supervisor testified that the individual was an excellent employee. *Id*. at 97. She has known the individual since 1983. *Id.* at 95. The supervisor testified that she never saw the individual drink alcohol. *Id.* She added that the individual is, in her opinion, very trustworthy. *Id*. at 99. She related that the individual did classified work and never told her about his work. *Id.*

g. The Individual's Testimony

The individual testified that he held a DOD security clearance for many years before his retirement. *Id.* at 107. He stated that it is almost insulting that the DOE will not give him his security clearance. *Id.* at 115. He related that he engaged in essentially the same behavior with regard to alcohol when he held a DOD security clearance that he does now. *Id*. at 142. He does not deny that he has a problem with alcohol but questions the seriousness of that problem. *Id.* at 118.

Regarding rehabilitation, the individual testified that he received the DOE consultant-psychiatrist's Psychiatric Report in March 2005 but did not stop drinking at that time even though the report allegedly "scared him." *Id.* at 133. Instead, he sought a second opinion in April 2005 from his own psychiatrist. The individual testified that his psychiatrist gave him the names of some alcohol counselors but he never followed up on the matter because the psychiatrist did not tell him to do so. *Id.* at 120. He also testified that he attended 12 AA meetings but stopped going because he was not getting much out of the meetings. *Id.* at 121. He added that he cannot identify with the people at AA meetings because he has never "hit rock bottom." *Id.* at 126. He admitted at the hearing that he did not try to find another AA group. *Id.* at 135. He further testified that the only professional treatment that he is currently receiving is from his psychiatrist who is monitoring his medication for depression. *Id.* at 137. He added that, in his view, his psychiatrist does not seem "terribly concerned about [me] going back to drinking." *Id.* at 138. The individual also testified that he was very shocked to hear his son's testimony about the effect his drinking has had on his relationship with his son. *Id.* at 126. He claims that since he has stopped drinking, his "comprehension is way up," he is happier

and he sleeps better. *Id.* at 130. The individual testified that his future intentions with regard to treatment are as follows: continue seeing his psychiatrist for his depression and seek another professional opinion about any problem that he may have with alcohol. *Id.* at 138-141.

h. Hearing Officer Evaluation of Mitigation Evidence

After carefully considering all of the documentary and testimonial evidence in this case, I have determined that the individual's efforts to date at addressing his alcohol problem are insufficient for me to conclude that he is rehabilitated or reformed from his alcohol dependence and habitual use of alcohol to excess. As an initial matter, the individual only stopped consuming alcohol in April 2005. The individual's two past failed attempts to maintain his sobriety raise questions, in my view, about whether he will be successful in the future in remaining abstinent. It is also very significant in my opinion that the individual failed to maintain his sobriety after advising the DOD in writing in 1994 that he intended to do so. The individual's refusal or inability to keep his word to the DOD causes me to question whether the individual has either the desire or the willpower necessary to address his alcohol problem on his own.

As for a network of sobriety support, I was not convinced by the wife's testimony that she will provide the necessary assistance to her husband to help him maintain his sobriety. The wife not only keeps alcohol in the house but drinks alcohol in her husband's presence. While the wife believes that she is supporting her husband because she does not encourage him to drink with her, I do not find this behavior to be conducive to sobriety. In addition, the wife did not convey the impression during her hearing testimony that she understands or appreciates the extent or gravity of her husband's drinking problem. Her comment that "he will be perfectly fine either way," signifying that she believed her husband will be fine whether he remains abstinent or returns to drinking, underscores the wife's lack of insight into her husband's drinking problem.

Furthermore, the evidence indicates that the individual has received very limited, if any, recent alcohol treatment. The individual attended 12 AA sessions sometime in 2005 but stopped because he did not find the meetings to be beneficial. In addition, the four individual therapy sessions that the individual has attended since April 2005 appear to have focused on his depression, not his alcohol problems.

Finally, the individual does not appear to appreciate the extent of his alcohol problem and, as a result, does not have a treatment regime in place. When queried about his future intentions with regard to alcohol treatment, the individual responded that he will continue to see his psychiatrist for treatment of his depression and seek another medical opinion about any problem that he may have with alcohol. In the end, it appears that the individual intends to maintain his sobriety through abstinence alone. Under these circumstances, I must look to the DOE consultant-psychiatrist's recommendation for rehabilitation or reformation based on abstinence alone. The individual needs five years of abstinence from alcohol and all non-prescribed controlled substances to achieve rehabilitation or reformation according to the DOE consultant-psychiatrist. Should the individual decide to enter a rehabilitation program, the individual will need two years of abstinence from alcohol and all non-prescribed controlled substances. The record is clear

that with only four or five months of abstinence, the individual falls far short of the required time to demonstrate rehabilitation or reformation in this case.

VI. Conclusion

In the above analysis, I have found that there was sufficient derogatory information in the possession of the DOE to raise serious security concerns under Criteria H and J. After considering all the relevant information, favorable and unfavorable, in a comprehensive common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I have found that the individual has not brought forth sufficient evidence to mitigate either of the two security concerns advanced by the LSO. I therefore cannot find that granting the individual's access authorization would not endanger the common defense and would be clearly consistent with the national interest. Accordingly, I have determined that the individual's access authorization should not be granted. The parties may seek review of this Decision by an Appeal Panel under the regulations set forth at 10 C.F.R. § 710.28.

Ann S. Augustyn
Hearing Officer
Office of Hearings and Appeals

Date: November 15, 2005